

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$29,339	6.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

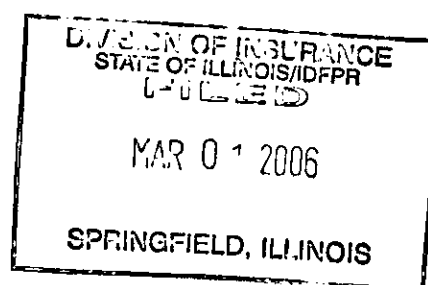
AIU Insurance Company

Name of Company

Joseph Russo – Filings Analyst

Official - Title

H29219D



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 2/1/06

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1 Automobile Liability		
Private Passenger		
Commercial		
2 Automobile Physical Damage		
Private Passenger		
Commercial		
3 Liability Other than Auto		
4 Burglary and Theft		
5 Glass		
6 Fidelity		
7 Surety		
8 Boiler and Machinery		
9 Fire		
10 Extended Coverage		
11 Inland Marine		
12 Homeowners		
13 Commercial Multi-Peril		
14 Crop Hail		
15 Workers Compensation	\$7,791	6.5%
16 Other		
Line of Insurance		

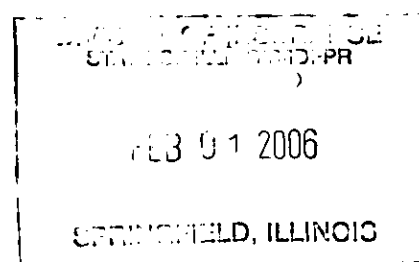
Does Filing only apply to certain territory (territories) or certain classes? If so, specify _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____
 Filing to adopt NCCI's approved loss cost change, circular IL-2005-11.

- * Adjusted to reflect all prior rate changes
- ** Change in Company's premium level will result from application of new rates.

The American
 Name of company

 Official - Title



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2006.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$45,396	+6.3%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

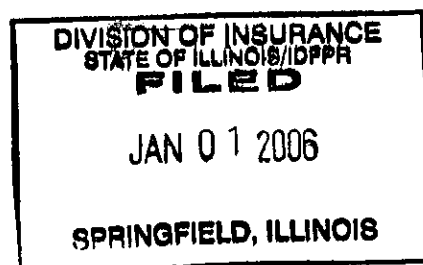
Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing proposes to apply
the current approved loss cost multiplier of 1.830 (1.916 for F-classes) to the loss costs published by the National Council on
Compensation Insurance effective January 1, 2006.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Alternative Insurance Corporation
 Name of Company

Kathryn D. Sine, Senior State Filing Analyst
 Official — Title



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 2/1/06

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1 Automobile Liability		
Private Passenger		
Commercial		
2 Automobile Physical Damage		
Private Passenger		
Commercial		
3 Liability Other than Auto		
4 Burglary and Theft		
5 Glass		
6 Fidelity		
7 Surety		
8 Boiler and Machinery		
9 Fire		
10 Extended Coverage		
11 Inland Marine		
12 Homeowners		
13 Commercial Multi-Peril		
14 Crop Hail		
15 Workers Compensation	\$114	6.5%
16 Other _____		
Line of Insurance		

Does Filing only apply to certain territory (territories) or certain classes? If so, specify _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____
Filing to adopt NCCI's approved loss cost change, circular IL-2005-11.

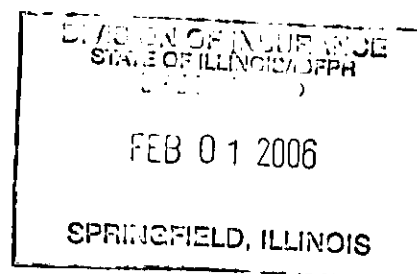
* Adjusted to reflect all prior rate changes

** Change in Company's premium level will result from application of new rates.

American Automobile

Name of company

Official - Title



Change in Company's premium or rate level produced by rate revision effective

1/1/2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$86,838	+6.3%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

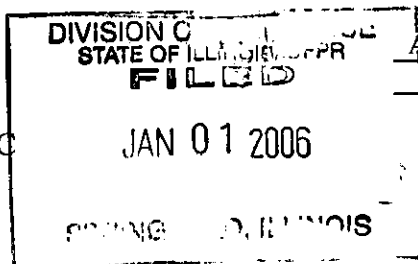
Adoption of NCCI Advisory Loss Cost Effective 1/1/06 Contained in NCCI Circular IL-2005-11

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

Filing ID: AF-WC-IL-5-2308-LC

H29219D



American Fuji Fire & Marine Ins. Co.

Name of Company

Joel Walcott - Vice President

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

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1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$59,346,762	6.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

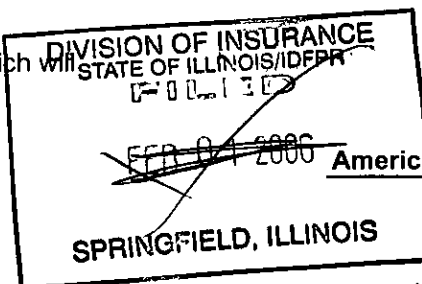
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

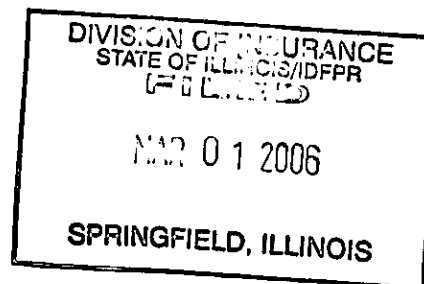
Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Home Assurance Company
Name of CompanyJoseph Russo – Filings Analyst
Official - Title

H29219D



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$2,269,285	6.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

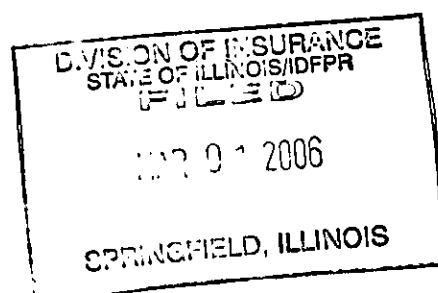
* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American International South
Insurance Company
 Name of Company

Joseph Russo – Filings Analyst
 Official - Title

H29219D

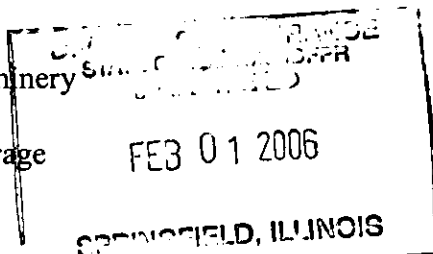


ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 02/01/2006.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	3,112,698	+5.3548%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

No _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

National Council on Compensation Insurance _____

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Melody A. Misiaszek
Official

AmComp Assurance Corporation
Name of Company

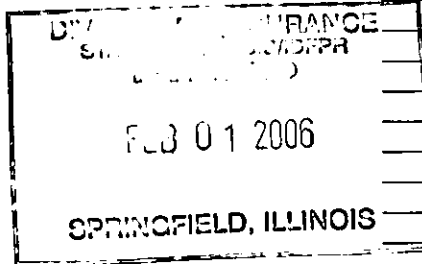
Vice Pres Regulatory Reptg & Compliance
Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 02/01/2006.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation		
16. Other		
Line of Insurance		



\$570,034

6.3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify N/A

Brief description of filing (if filing follows rates of an advisory organization, specify organization) AmGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance, Inc., Effective January 1, 2006 per IL-2005-11 without deviation for policies effective on and after February 1, 2006

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

AmGUARD Insurance Company

Name of Company

Sharon Derhammer, Senior State Filings Rep

Official — Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/06

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	5,173,877	+6.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

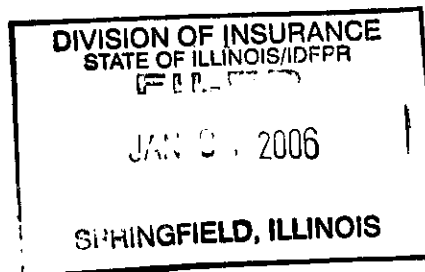
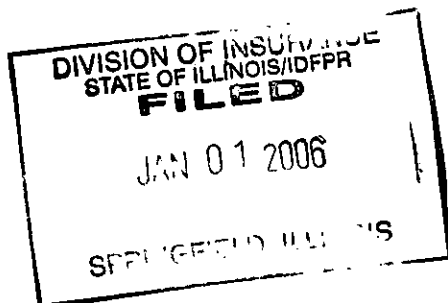
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting January 1, 2006 National Council on Compensation Insurance advisory voluntary rates. We are also adopting 01/01/06 NCCI voluntary experience rating plan values and voluntary retrospective rating plan values. The AIC +15% deviation continues.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Argonaut Insurance Company
Name of Company

Allison Angstadt - State Filings Coordinator
Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/06

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	3,997,434	+6.5%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

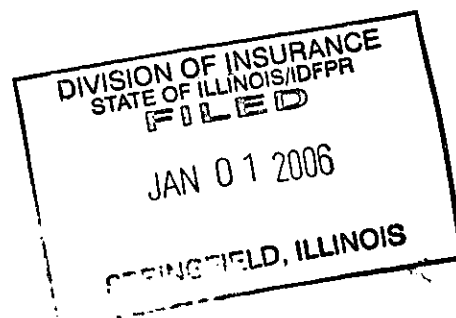
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting January 1, 2006 National Council on Compensation Insurance advisory voluntary rates. We are also adopting 01/01/06 NCCI voluntary experience rating plan values and voluntary retrospective rating plan values.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Argonaut-Midwest Insurance Company
Name of Company

Allison Angstadt - State Filings Coordinator
Official - Title



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 2/1/06

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1 Automobile Liability		
Private Passenger		
Commercial		
2 Automobile Physical Damage		
Private Passenger		
Commercial		
3 Liability Other than Auto		
4 Burglary and Theft		
5 Glass		
6 Fidelity		
7 Surety		
8 Boiler and Machinery		
9 Fire		
10 Extended Coverage		
11 Inland Marine		
12 Homeowners		
13 Commercial Multi-Peril		
14 Crop Hail		
15 Workers Compensation	- \$155	6.5%
16 Other _____		
Line of Insurance		

Does Filing only apply to certain territory (territories) or certain classes? If so, specify _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____
 Filing to adopt NCCI's approved loss cost change, circular IL-2005-11.

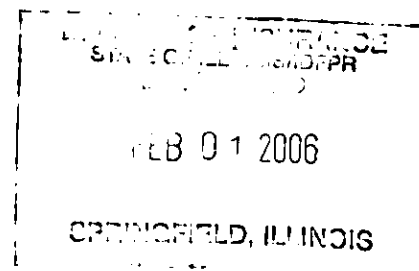
* Adjusted to reflect all prior rate changes

** Change in Company's premium level will result from application of new rates.

Associated Indemnity

Name of company

Official - Title



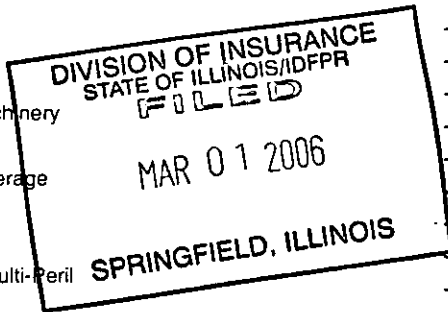
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	621,718	0.90%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost multiplier from 1.694 to 1.600.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Athena Assurance Company

Name of Company

2nd Vice President

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>\$24,640</u>	<u>6.5%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

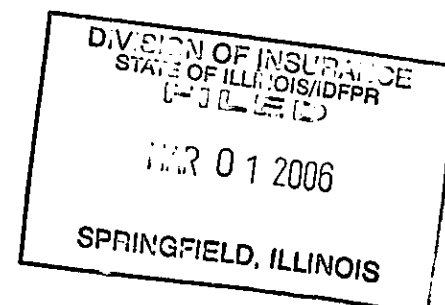
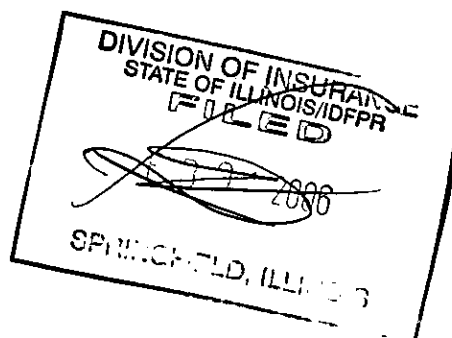
**Birmingham Fire Insurance Company
of Pennsylvania**

Name of Company

Joseph Russo - Filings Analyst

Official - Title

H29219D



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2006.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,627,167	+5.2%
16. Other _____		
Line of Insurance		

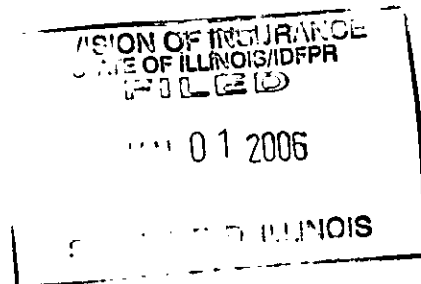
Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Adoption of current NCCI loss cost effective January 1, 2006

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Brotherhood Mutual Insurance Company
Name of Company

Don Glick - AVP Research & Development
Official — Title

Form (RF-3)

SUMMARY SHEET

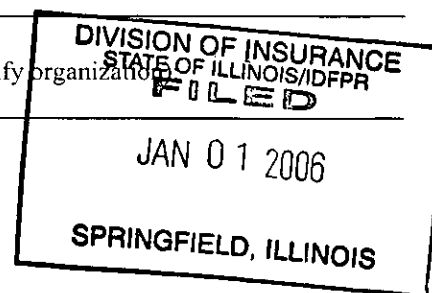
Change in Company's premium or rate level produced by rate revision effective 01-01-06

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers	4,777,286	+ 6.3
Compensatin		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Adoption of NCCI Januay 01, 2006 valuntary market rate filing

Brief description of filing. (If filing follows rates of an advisory organization, specify organization)



* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Capitol Indemnity Corporation
Name of Company

Lois Beld Senior Product Analyst
Official - Title

H29219D

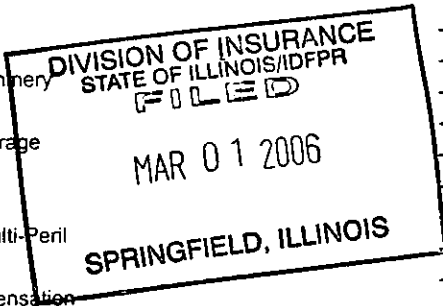
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,977,397	5.40%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reducethe loss cost multiplier from 1.769 to 1.760.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Charter Oak Fire Insurance Company

Name of Company

Ben H. H.

2nd Vice President

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

01-01-06

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or 1)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi Peril		
14. Crop Hail		
15. Workers Compensation	\$3,531,591.00	-0.44%
16. Other		

Does filing only apply to certain territory (territories) or certain classes? If so, Specify

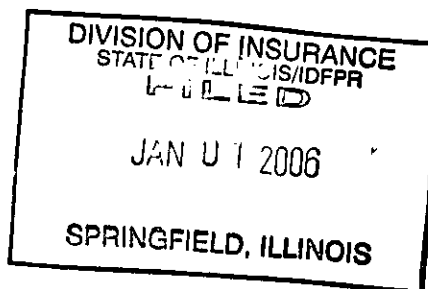
Brief description of filing (If filing follows rates of an advisory organization, specify organization)

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Church Mutual Insurance Company
Name of Company

Director--Casualty Lines
Official - Title

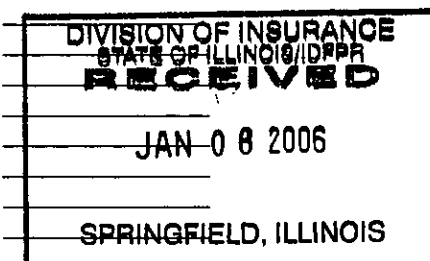


ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 1/1/2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,165,744	+6.3
16. Other _____		
Line of Insurance		

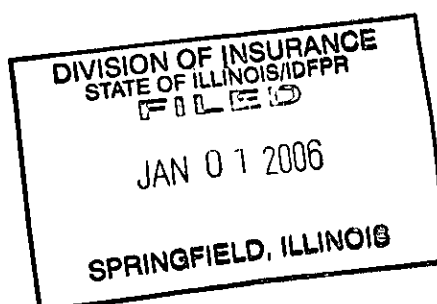
Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) _____
Adopts NCCI 1/1/06 Advisory rates and miscellaneous rating values, including expense constant of \$280

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Clarendon National Insurance Company _
Name of Company*Heidi* Secretary

Official — Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$199,460,016	6.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

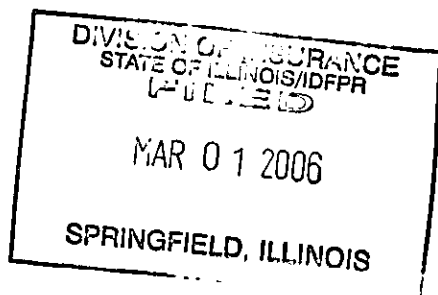
* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

**Commerce & Industry
Insurance Company**
Name of Company

Joseph Russo – Filings Analyst
Official - Title

H29219D



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 02/01/2006.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$0.00	6.3%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify N/A

Brief description of filing (if filing follows rates of an advisory organization, specify organization) EastGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance, Inc., Effective January 1, 2006 per IL-2005-11 with -5% deviation for policies effective on and after February 1, 2006

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

EastGUARD Insurance Company
Name of Company
Sharon Derhammer, Senior State Filings Rep
Official Title
FEB 01 2006
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

01/01/06

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$5,705,048	6.30%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
exception for class code 6204 Drilling NOC and Drivers rate of \$9.94.All territories, all classes withBrief description of filing. (If filing follows rates of an advisory organization, specify organization):
advisory rates approved in NCCI circular IL-2005-11 at current modification of 1.00.We are adopting the

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

EMCASCO Insurance Company

Name of Company

0Don Coughenower - Vice President

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$22,188,429	+6.3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI 1-1-2006 advisory rates with a +60% company deviation.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

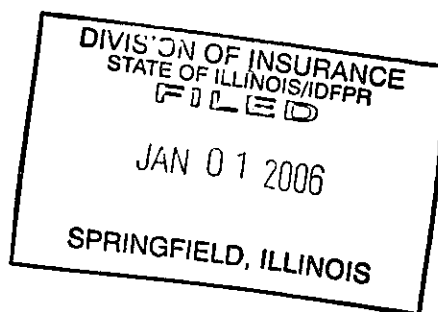
Employers Insurance Company of Wausau

Name of Company

Debra Rothmeyer

State Filings Analyst

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

01/01/06

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$3,648,957</u>	<u>8.40%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
exception for class code 6204 Drilling NOC and Drivers rate of \$9.94.All territories, all classes withBrief description of filing. (If filing follows rates of an advisory organization, specify organization):
advisory rates approved in NCCI circular IL-2005-11 at current modification of 1.00.We are adopting the

*Adjusted to reflect all prior rate changes.

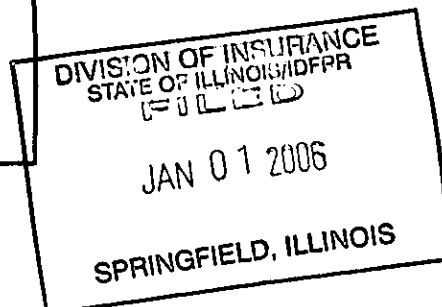
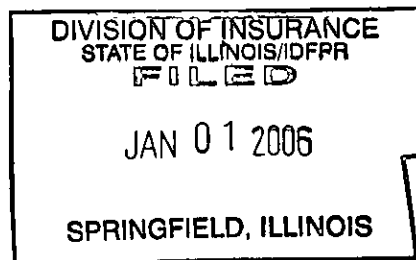
**Change in Company's premium level which will result from application of new rates.

Employers Mutual Casualty Company

Name of Company

Don Coughenower - Assistant Vice President

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

01/01/06

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$984,797	+11.1%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI loss costs and miscellaneous values

*Adjusted to reflect all prior rate changes.

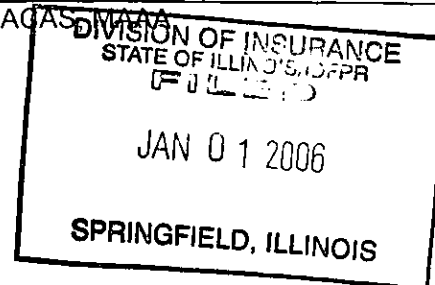
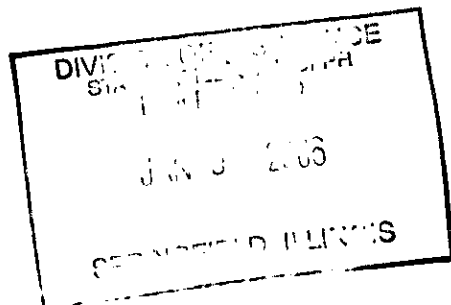
**Change in Company's premium level which will result from application of new rates.

Erie Insurance Company

Name of Company

Ross Fonticella

Ross C. Fonticella, AGAS, MAAA



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

01/01/06

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$14,752,559	+8.6
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

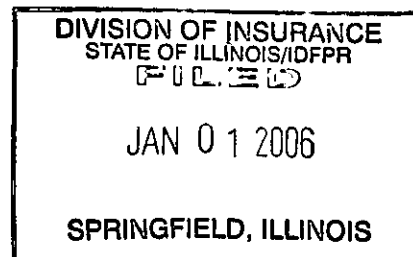
Adoption of NCCI loss costs and miscellaneous values

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Erie Insurance Exchange

Name of Company

Ross C. Fonticella, ACAS, MAAA

ILLINOIS SUMMARY SHEET

FORM RF-3

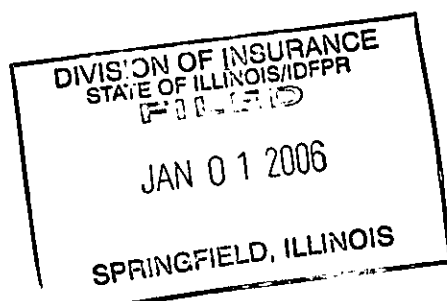
Change in Company's premium or rate level produced by rate revision effective January 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$121,260	+6.3%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) This filing adopts the
advisory rates and rating values effective January 1, 2006, as submitted by the NCCI, with no deviation.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Fairfield Insurance Company
Name of CompanyLorraine Coccola - Assistant Vice President & Compliance Manager
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/06

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Worker's Compensation</u>	1,735,268	+4.20%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: At this time we would like to file
Loss cost multiplier 1.209 for class code 8116.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We are adopting NCCI's 1/1/06 loss costs and retaining our current loss cost multiplier of 1.511 for all classes except
class code 8116.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Farmland Mutual Insurance Company

Name of Company

Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JAN 01 2006

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 02/01/2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$8,748,120	+5.5%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI 01/01/06 loss costs with no change to Loss Cost Multiplier

*Adjusted to reflect all prior rate changes.

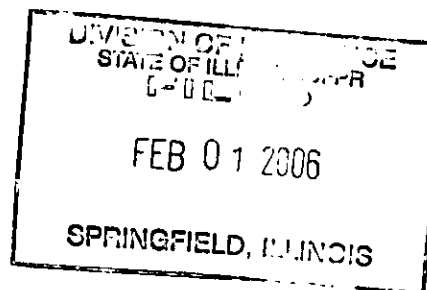
**Change in Company's premium level which will result from application of new rates.

FCCI Insurance Company

Name of Company

George E Geders CPCU - Product Design Specialist

Official - Title



Section 754. EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 1-15-06.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>WC</u> Life of Insurance	<u>2,955,971</u>	<u>0%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

7540 DEVIATION TO LOSS COST

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

FEDERATED RURAL ELECTRIC INS. EXCHANGE

Name of Company

FILED

ANNETTE ALEXANDER MAR 17 1983

Official Title

ACTUARIAL ANALYST

SOS - ISL - CODE UNIT
OFFICE OF INSURANCE
STATE OF ILLINOIS/IDFPR
JAN 15 2006

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 2/1/06

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1 Automobile Liability		
Private Passenger		
Commercial		
2 Automobile Physical Damage		
Private Passenger		
Commercial		
3 Liability Other than Auto		
4 Burglary and Theft		
5 Glass		
6 Fidelity		
7 Surety		
8 Boiler and Machinery		
9 Fire		
10 Extended Coverage		
11 Inland Marine		
12 Homeowners		
13 Commercial Multi-Peril		
14 Crop Hail		
15 Workers Compensation	\$235	6.5%
16 Other _____		
Line of Insurance		

Does Filing only apply to certain territory (territories) or certain classes? If so, specify _____
No _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____
Filing to adopt NCCI's approved loss cost change, circular IL-2005-11. _____

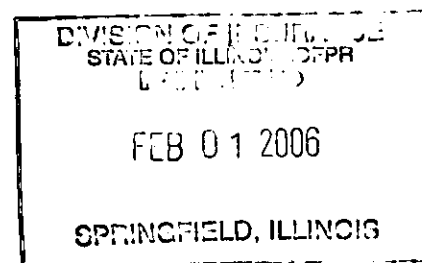
* Adjusted to reflect all prior rate changes

** Change in Company's premium level will result from application of new rates.

Fireman's Fund

Name of company

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2006

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$928,580	+6.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI 1-1-2006 loss costs and rating values a company 2.038 multiplier

*Adjusted to reflect all prior rate changes.

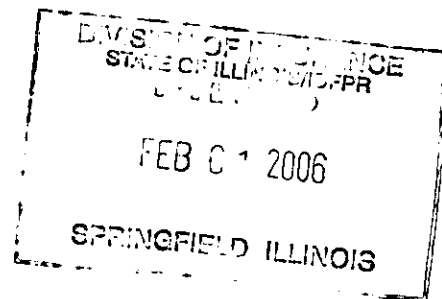
**Change in Company's premium level which will result from application of new rates.

The First Liberty Insurance Corporation

Name of Company

Debra RothmeyerState Filings Analyst

Official - Title

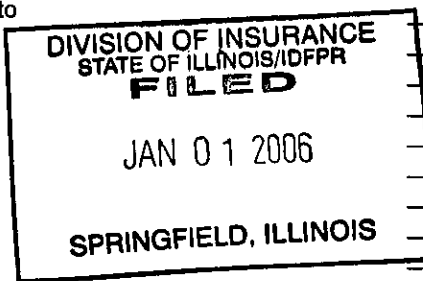


ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2006.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	2,427,242	+5%
16. Other _____		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

No _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

We are filing to adopt the 01/01/2006 NCCI loss costs. We are filing to change our loss cost multiplier to 1.558.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Florists' Mutual Insurance Company
Name of Company

Danielle R. Milby, Compliance Analyst
Official — Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

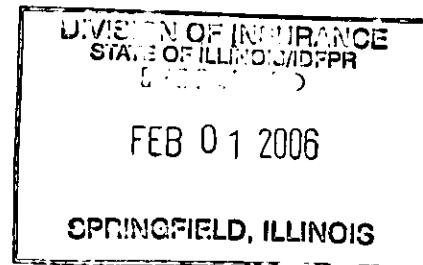
Change in Company's premium or rate level produced by rate revision effective 02/01/2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	18,379,234	10.69%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
 Yes, the newly requested 1.05 deviation applies to classes indicated below: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the January 1, 2006 Advisory Workers' Compensation Rates filed by the National Council on Compensation Insurance effective February 1, 2006. We wish to apply a new deviation of 1.05 to the class codes indicated below:

0042 5057 5221 5473 5538 6017 6235 7601
 0050 5059 5222 5474 5539 6018 6236 7605
 1322 5069 5223 5478 5551 6045 6237 7611
 3365 5102 5348 5479 5606 6204 6251 7612
 3719 5146 5402 5480 5610 6206 6252 7613
 3724 5160 5403 5491 5645 6213 6260 7855
 3726 5183 5437 5506 5651 6214 6306 8227
 5020 5188 5443 5507 5703 6216 6319 9534
 5022 5190 5445 5508 5705 6217 6325 9554
 5037 5213 5462 6003 6229 6400
 5040 5215 5472 5537 6005 6233 7538



We also wish to retain our same overall 1.05 deviation as last year. In summary, for the above class codes, the 1.05 would be applied to the rate, and then the overall 1.05 would be applied to that rate. This will result in an increase of 10.69% for General Casualty Company of Illinois.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

General Casualty Company of Illinois
 Name of Company

Sara Zastrow - Rate Development Technician
 Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 02/01/2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	14,387,173	11.01%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the January 1, 2006 Advisory Workers' Compensation Rates filed by the National Council on Compensation Insurance effective February 1, 2006. We also wish to increase our deviation from 1.15 to 1.20.

*Adjusted to reflect all prior rate changes.

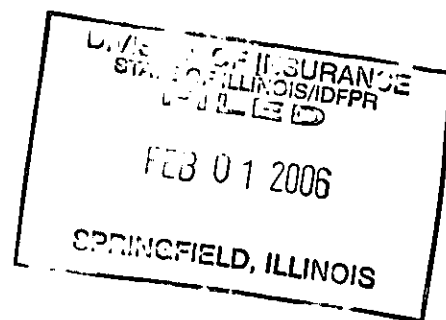
**Change in Company's premium level which will result from application of new rates.

General Casualty Company of Wisconsin

Name of Company

Sara Zastrow - Rate Development Technician

Official - Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$86,358	6.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

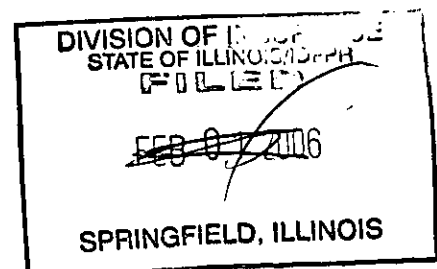
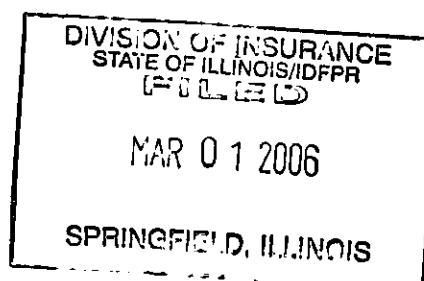
Granite State Insurance Company

Name of Company

Joseph Russo - Filings Analyst

Official - Title

H29219D



ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective:
01/01/2006

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$11,454	0.02%
16. Other		
(Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of the January 1, 2005 Approved Miscellaneous Values for Domestic Terrorism, Earthquakes, and
Catastrophic Industrial Accidents as outlined in NCCI Circular CIF-2004-09. We request that this filing be
applicable to all new and renewal business written on or after January 1, 2006.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Great American Alliance Insurance Company
Name of Company

Denise Kreyenhagen Sr. Product Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective:
3/1/2006

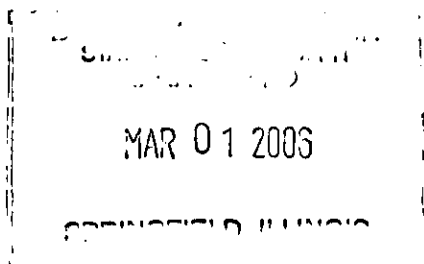
(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$11,454	7.1%
16. Other		
(Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption
of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2005-11 effective
Jan. 1, 2006. Our filing (WC IL 0601 RATE) to be effective March 1, 2006. Within this filing we would like to
change Great American Alliance from a base company to our preferred company and reflect a -10% deviation.
This would allow us to follow our countrywide tier strategy.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Great American Alliance Insurance Company
Name of Company

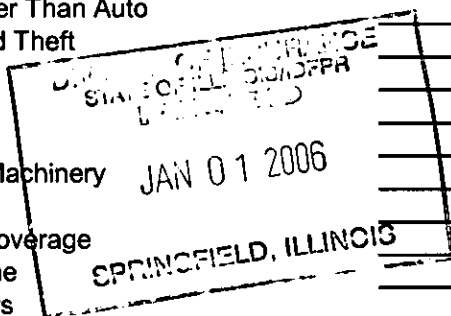
Denise Kreyenhagen Sr. Product Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective:
01/01/2006

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$413,335	0.02%
16. Other		
(Line of Insurance)		



Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of the January 1, 2005 Approved Miscellaneous Values for Domestic Terrorism, Earthquakes, and
Catastrophic Industrial Accidents as outlined in NCCI Circular CIF-2004-09. We request that this filing be
applicable to all new and renewal business written on or after January 1, 2006.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Great American Assurance Company
Name of Company

Denise Kreyenhagen Sr. Product Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective:
3/1/2006

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$413,335	5.5%
16. Other		
(Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

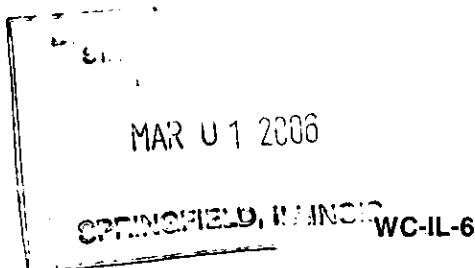
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption
of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2005-11 effective
Jan. 1, 2006. Our filing (WC IL 0601 RATE) to be effective March 1, 2006. Within this filing we would like to
change Great American Assurance from a preferred company to a base company. This would allow us to
follow our countrywide tier strategy.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Great American Assurance Company
Name of Company

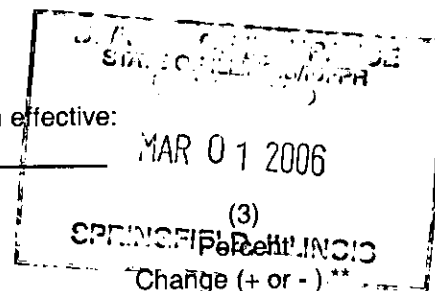
Denise Kreyenhagen Sr. Product Analyst
Official - Title



ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective:
3/1/2006



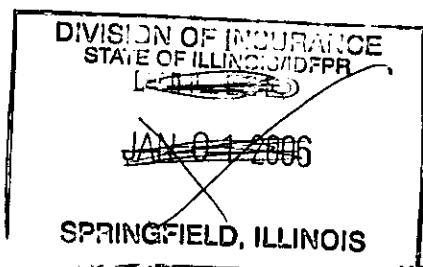
	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$45,048	5.6%
16.	Other		
	(Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2005-11 effective January 1, 2006. Our filing (WC IL 0601 RATE) to be effective March 1, 2006.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Great American Insurance Company
Name of Company

Denise Kreyenhagen Sr. Product Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective:
01/01/2006

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$45,048	0.02%
16. Other		
(Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of the January 1, 2005 Approved Miscellaneous Values for Domestic Terrorism, Earthquakes, and
Catastrophic Industrial Accidents as outlined in NCCI Circular CIF-2004-09. We request that this filing be
applicable to all new and renewal business written on or after January 1, 2006.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Great American Insurance Company
Name of Company

Denise Kreyenhagen Sr. Product Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective:
01/01/2006

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$2,149,641	0.02%
16. Other		
(Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of the January 1, 2005 Approved Miscellaneous Values for Domestic Terrorism, Earthquakes, and
Catastrophic Industrial Accidents as outlined in NCCI Circular CIF-2004-09. We request that this filing be
applicable to all new and renewal business written on or after January 1, 2006.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Great American Insurance Company of New York
Name of Company

Denise Kreyenhagen Sr. Product Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective:

3/1/2006

SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$2,149,641	7.8%
16.	Other		
	(Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2005-11 effective January 1, 2006. Our filing (WC IL 0601 RATE) to be effective March 1, 2006.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Great American Insurance Company of New York
Name of Company

Denise Kreyenhagen Sr. Product Analyst
Official - Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-1-2005

	(1)	(2)	(3)
	<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers' Comp</u>	35,498.	9.8%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting NCCI Rates and revising manual pages.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

GuideOne Elite Insurance Co.

Name of Company

Scott Reddig, FCAS, MAAA

Assist Vice President/Chief

Actuary

Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-1-2006

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers' Comp</u>	<u>1,383,410</u>	<u>10.4%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adopting NCCI Rates and revising manual pages.

* Adjusted to reflect all prior rate changes.

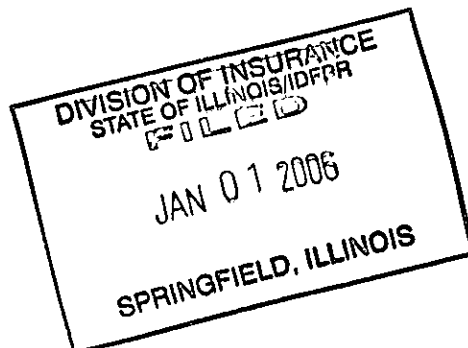
** Change in Company's premium level which will
 result from application of new rates.

GuideOne Mutual Insurance Co.
 Name of Company

Scott Reddig, FCAS, MAAA
Assist Vice President/Chief
Actuary

Official – Title

H29219D



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

01/01/06

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$5,354,769	6.40%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
exception for class code 6204 Drilling NOC and Drivers rate of \$9.94.All territories, all classes withBrief description of filing. (If filing follows rates of an advisory organization, specify organization):
advisory rates approved in NCCI circular IL-2005-11 at current modification of 1.00.We are adopting the

*Adjusted to reflect all prior rate changes.

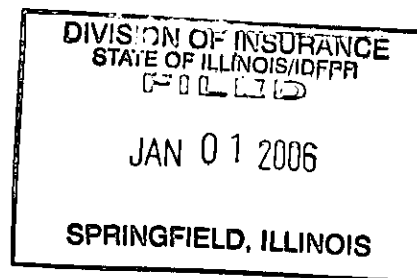
**Change in Company's premium level which will result from application of new rates.

Illinois Emcasco Insurance Company

Name of Company

0 Don Coughenower - Vice President0

Official - Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$30,812,762	6.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

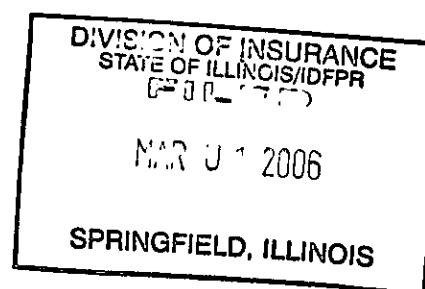
Illinois National Insurance Company

Name of Company

Joseph Russo – Filings Analyst

Official - Title

H29219D



Change in Company's premium or rate level produced by rate revision effective 01/01/06

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Workers' Compensation	692,317	+17.6%
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting approved loss costs as filed by the NCCI amend LCM 2.00.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

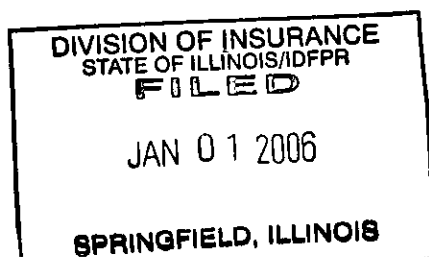
Indiana Lumbermens Mutual
Insurance Company

Name of Company

Tonya J. Burroughs, Compliance
Analyst

Official - Title

H29219D



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$13,150,386	6.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

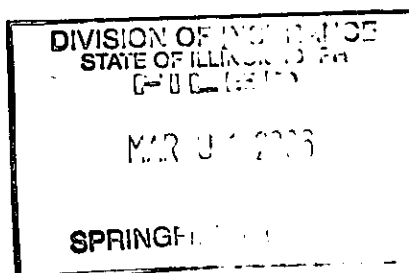
**The Insurance Company of the
State of Pennsylvania**

Name of Company

Joseph Russo – Filings Analyst

Official - Title

H29219D

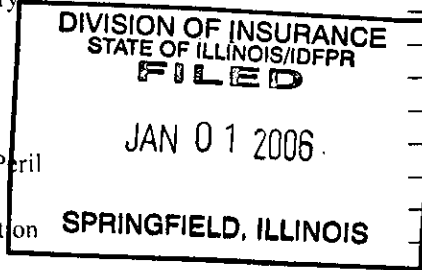


ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	2,211	+6.3%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) ADOPTION OF NCCI'S
VOLUNTARY ADVISORY RATES, RATING VALUES AND RETROSPECTIVE RATING PLAN PARAMETERS
EFFECTIVE JANUARY 1, 2006.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

INSURANCE COMPANY OF THE WEST

Name of Company

Tammy Steinell, Filing Analyst

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 4/1/2006.

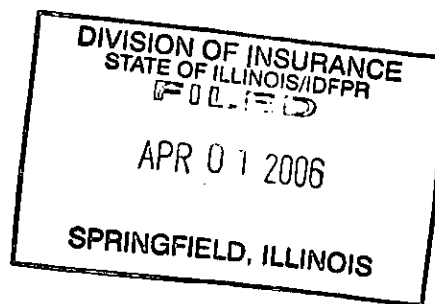
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	667,999	+6.3
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____
Adopts NCCI 1/1/06 Advisory rates and miscellaneous rating values, including expense constant of \$280

* Adjusted to reflect all prior rate changes.

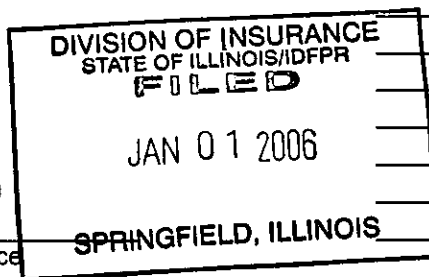
** Change in Company's premium level which will result from application of new rates.

Insurance Corp. of Hannover _____
Name of Company_____
Official — Title

ILLINOIS SUMMARY SHEET FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2006

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$146,005	+11.2%
16.	Other		
	Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Filing to adopt
effective January 1, 2006, all January 1, 2006 rates approved in NCCI Circular IL-2005-11.

* Adjusted to reflect all prior rate changes.

** change in Company's premium level which will result from application of new rates.

International Business and Mercantile REassurance Co.
Name of Company

Janice L. Hohenstein, CPCU
Actuarial Analyst
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$56,127,547	+6.5%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI 1-1-2006 loss costs and rating values a company 1.853 multiplier

*Adjusted to reflect all prior rate changes.

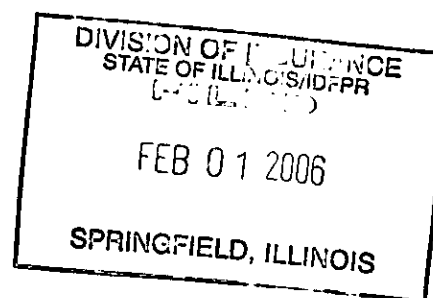
**Change in Company's premium level which will result from application of new rates.

Liberty Mutual Fire Insurance Company

Name of Company

Debra RothmeyerState Filings Analyst

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$22,187,767	+6.5%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI 1-1-2006 loss costs and rating values a company 1.668 multiplier

*Adjusted to reflect all prior rate changes.

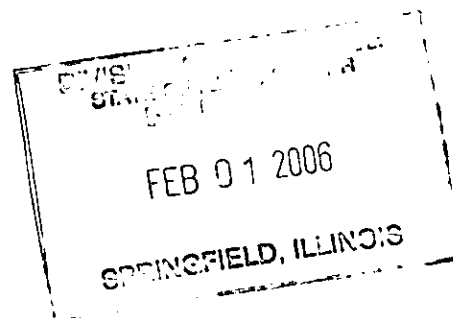
**Change in Company's premium level which will result from application of new rates.

Liberty Insurance Corporation

Name of Company

Debra RothmeyerState Filings Analyst

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$14,682,949	+6.5%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI 1-1-2006 loss costs and rating values a company 2.038 multiplier

*Adjusted to reflect all prior rate changes.

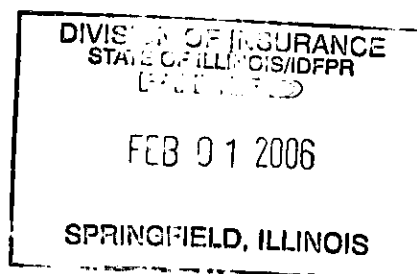
**Change in Company's premium level which will result from application of new rates.

Liberty Mutual Insurance Company

Name of Company

Debra RothmeyerState Filings Analyst

Official - Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January, 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>1,093,000</u>	<u>6.4%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

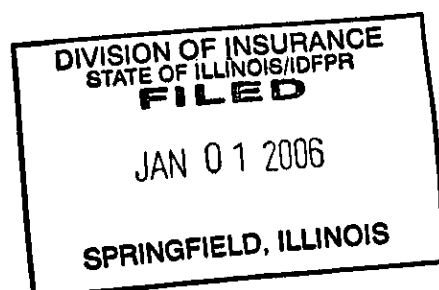
Filing pertains to all classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Filing to adopt NCCI loss costs effective 1-1-06.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Lincoln General Insurance
Company

Name of Company

Michelle Freitag, Consulting
Actuary

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$88,838,977	-4.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI 1-1-2006 loss costs and rating values a company 1.668 multiplier

*Adjusted to reflect all prior rate changes.

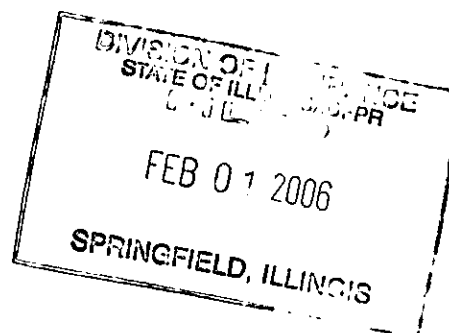
**Change in Company's premium level which will result from application of new rates.

LM Insurance Corporation

Name of Company

Debra RothmeyerState Filings Analyst

Official - Title



Form (RF-3)

SUMMARY SHEET

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JAN 01 2006

Change in Company's premium or rate level produced by rate revision effective

01/01/06 SPRINGFIELD, ILLINOIS

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Workers' Compensation	53,729	0.0 6.3
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting approved loss costs as filed by the NCCI

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

Lone Star National Insurance

Name of Company

Tonya J. Burroughs, Compliance
Analyst

Official - Title

H29219D

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective February 1, 2006 .

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$458,655	+7.8%
16. Other		
Line of Insurance		

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

FEB 01 2006

SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Adoption of NCCI's Advisory Loss Costs, Miscellaneous Values and Retrospective Rating Plan Manual State Special Rating Values

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Lumbermen's Underwriting Alliance

Name of Company

Judy L. Smith – Lead Analyst

Official — Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	1,288,176	-11.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Loss Costs

*Adjusted to reflect all prior rate changes.

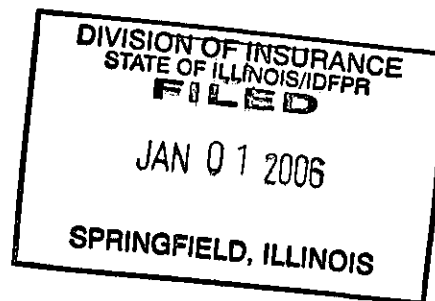
**Change in Company's premium level which will result from application of new rates.

Milwaukee Casualty Ins. Co.

Name of Company

Jon Zetlau

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	2,438,079	6.3%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Loss Costs

*Adjusted to reflect all prior rate changes.

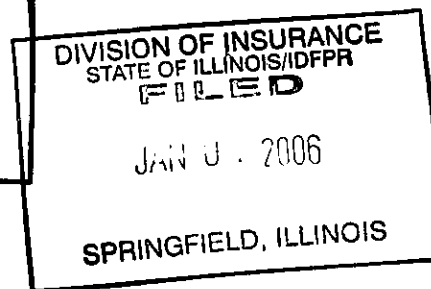
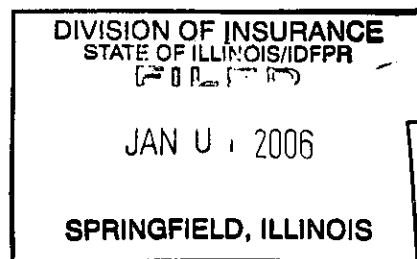
**Change in Company's premium level which will result from application of new rates.

Milwaukee Insurance Co.

Name of Company

Jon Zetlau

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 02/01/2006

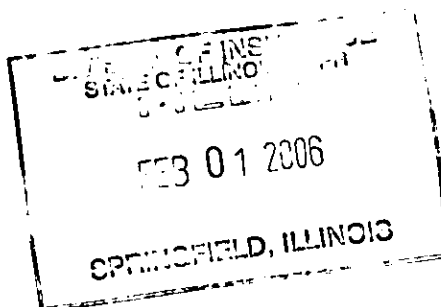
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$1,456,670	+4.4%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of NCCI 01/01/06 loss costs with no change to Loss Cost Multiplier

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

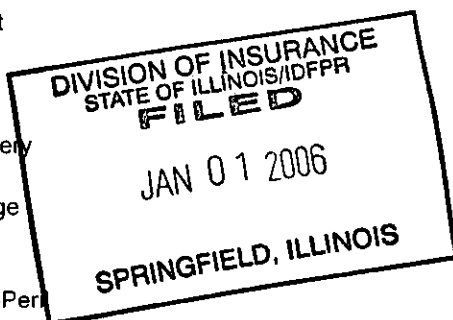
Monroe Guaranty Insurance Company
Name of CompanyGeorge E Geders CPCU - Product Design Specialist
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2006.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Per		
14. Crop Hail		
15. Workers Compensation	\$592,430	+6.3%
16. Other _____		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

No _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Adoption of NCCI Workers Compensation Loss Cost Reference Filing Number IL-2005-11, effective 01/01/2006. _____

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

National Interstate Insurance Company _____
Name of CompanyKathy Koenig, Regulatory Compliance Spec.
Official — Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 2/1/06

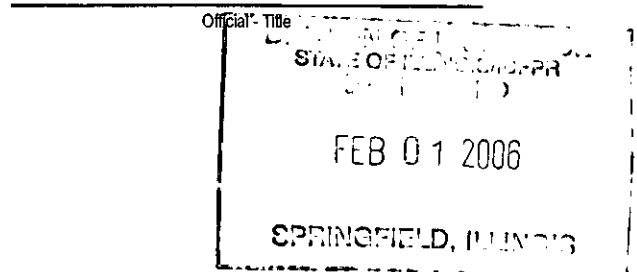
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1 Automobile Liability		
Private Passenger		
Commercial		
2 Automobile Physical Damage		
Private Passenger		
Commercial		
3 Liability Other than Auto		
4 Burglary and Theft		
5 Glass		
6 Fidelity		
7 Surety		
8 Boiler and Machinery		
9 Fire		
10 Extended Coverage		
11 Inland Marine		
12 Homeowners		
13 Commercial Multi-Peril		
14 Crop Hail		
15 Workers Compensation	\$1,218	6.5%
16 Other _____		
Line of Insurance		

Does Filing only apply to certain territory (territories) or certain classes? If so, specify _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____
 Filing to adopt NCCI's approved loss cost change, circular IL-2005-11.

- * Adjusted to reflect all prior rate changes
- ** Change in Company's premium level will result from application of new rates.

 National Surety
 Name of company



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 02/01/2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$1,143,900	+3.9%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of NCCI 01/01/06 loss costs with no change to Loss Cost Multiplier

*Adjusted to reflect all prior rate changes.

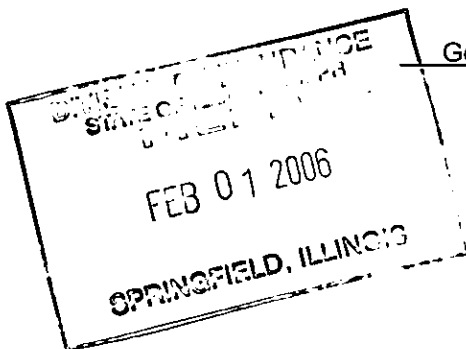
**Change in Company's premium level which will result from application of new rates.

National Trust Insurance Company

Name of Company

George E Geders CPCU - Product Design Specialist

Official - Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$15,914,730	6.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

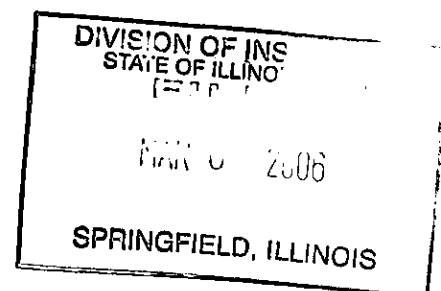
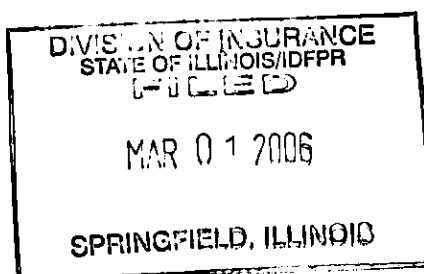
**National Union Fire Insurance
Company of Pittsburgh, PA**

Name of Company

Joseph Russo – Filings Analyst

Official - Title

H29219D



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/06

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Worker's Compensation</u> Line of Insurance	2,418,436	-0.60%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: At this time we would like to file
Loss cost multiplier 1.051 for class code 8116.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We are adopting NCCI's 1/1/06 loss costs and retaining our current loss cost multiplier of 1.314 for all classes except
8116.

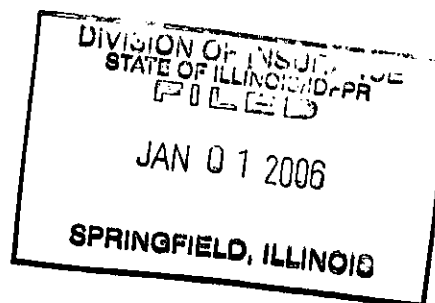
*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Nationwide Agribusiness Insurance Company

Name of Company

Official - Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>\$1,008,606</u>	<u>6.5%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

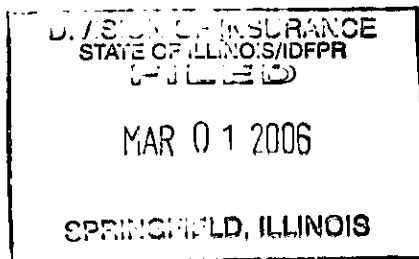
New Hampshire Insurance Company

Name of Company

Joseph Russo – Filings Analyst

Official - Title

H29219D



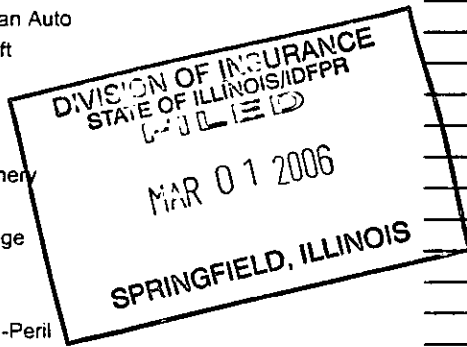
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	304,789	3.20%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost multiplier from 1.685 to 1.600.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

NIPPONKOA Insurance Company

Name of Company

Bruce H. H.

Official - Title

2nd Vice President

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 02/01/2006.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$610,796	6.3%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify N/A

Brief description of filing (if filing follows rates of an advisory organization, specify organization) NorGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance, Inc., Effective January 1, 2006 per IL-2005-11 with +5% deviation for policies effective on and after February 1, 2006

* Adjusted to reflect all prior rate changes.

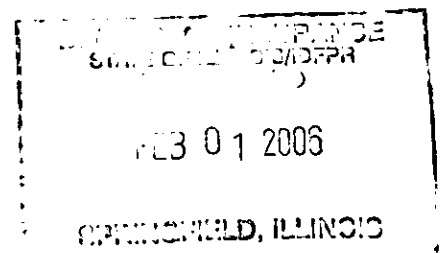
** Change in Company's premium level which will result from application of new rates.

NorGUARD Insurance Company

Name of Company

Sharon Derhammer, Senior State Filings Rep

Official — Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 1/1/2006

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	0	+6.30%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain
classes? If so, specify: Per NCCI

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adoption of NCCI's Voluntary Market Rates and

Rating Values.

* Adjusted to reflect all prior rate changes.

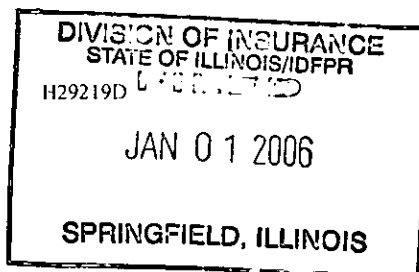
** Change in Company's premium level which will
result from application of new rates.

North American Elite Insurance Company

Name of Company

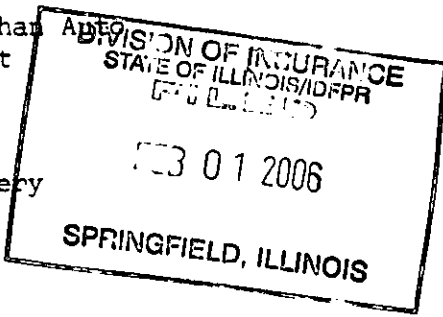
Alsa Shih - State Filings Coordinator

Official - Title



Change in Company's premium or rate level produced by rate revision effective February 1, 2006 New; March 1, 2006 Renewal.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$42,002,804	+7.3%
<u>Line of Insurance</u>		



Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt NCCI Rate Revision

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

PEKIN INSURANCE COMPANY

Name of Company

Robert M. McGann

Official - Title

R.M. McGann - Directory of Pricing & Regulatory Filings,
Assistant Secretary

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

**March 1, 2006 New
May 1, 2006 Renewal**

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$653,355	-0.8%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

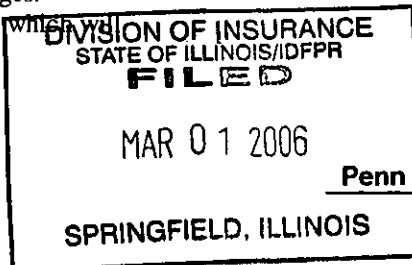
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of January 1, 2006 NCCI loss costs with no change in current loss cost multiplier

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

**Penn Millers Insurance Company**

Name of Company

Tracy Yokimishyn - Actuarial Assistant

Official - Title

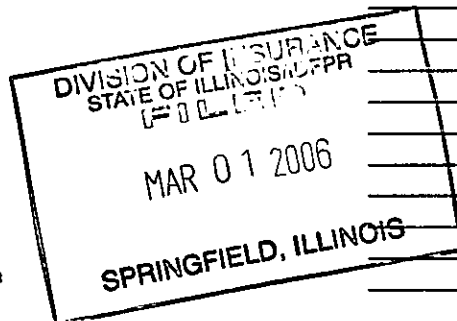
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,007,025	3.30%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost multiplier from 2.443 to 2.400.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Phoenix Insurance Company

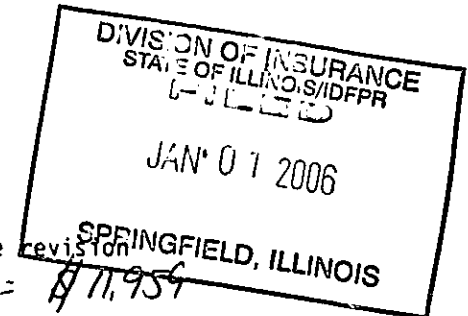
Name of Company

Brian J. H... 2nd Vice President
Official - Title

Section 754. EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2006.

2005- volume = \$11,959

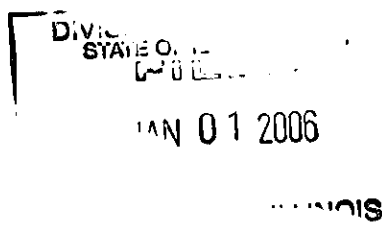
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>11,959</u>	<u>14,458 + 20.9</u>
Life of Insurance		

20.9 %

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NOBrief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI - WC Rates
Circular IL-2005-11

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.



Public Service Mutual Ins. Co.

Name of Company

Keith L. Johnson

Official Title

Assistant Secretary

1-18-06

ILLINOIS SUMMARY SHEET

FORM RF-3

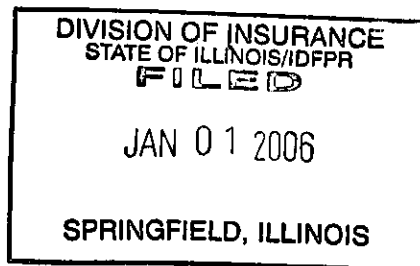
Change in Company's premium or rate level produced by rate revision effective 1/1/2006.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	19,057	+6.3
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) _____
Adopts NCCI 1/1/06 Advisory rates and miscellaneous rating values, including expense constant of \$280

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Redland Insurance Company _____
Name of Company_____
Official — Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 02/01/2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	4,930,349	9.61%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the January 1, 2006 Advisory Workers' Compensation Rates filed by the National Council on Compensation Insurance effective February 1, 2006.

*Adjusted to reflect all prior rate changes.

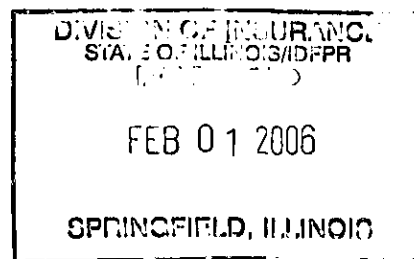
**Change in Company's premium level which will result from application of new rates.

Regent Insurance Company

Name of Company

Sara Zastrow - Rate Development Technician

Official - Title

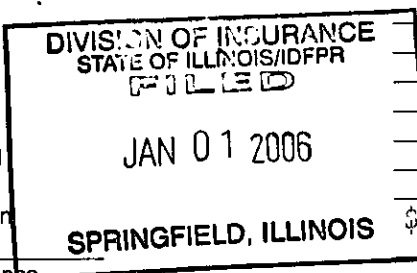


ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 1/1/2006.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation		
16. Other		
Line of Insurance	<u>\$1,600,000</u>	<u>+ 5.3%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCIAdvisory Rates as approved by Circular IL-2005-11.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Reinsurance Company of America, Inc.

Name of Company


 Official — Title
 James M. Kerman, President

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Comp.</u>	<u>\$100,000 estimated</u>	<u>+6.3%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes.Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI
Voluntary Rate Filing effective January 1, 2006, revision of expense constant and minimum premium formula and filing
of company exception rule to indicate no charge for DTEC and foreign terrorism.

*Adjusted to reflect all prior rate changes.

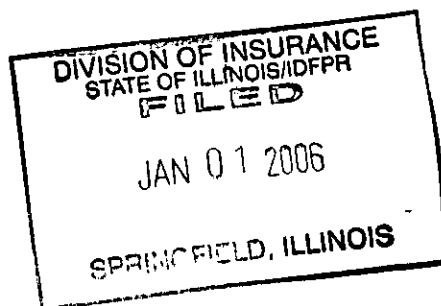
**Change in Company's premium level which will result from application of new rates.

Safety First Insurance Company

Name of Company

Marilyn Tinnell, CPCU -- Compliance Manager

Official -- Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Comp.</u> <u>Line of Insurance</u>	<u>\$1,500,000 estimated</u>	<u>+6.3%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes.

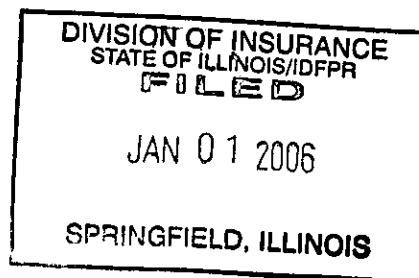
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI
Voluntary Rate Filing effective January 1, 2006, renewal of current company rate deviation, revision of expense constant
and minimum premium formula and filing of company exception rule to indicate no change for DTEC and foreign
terrorism.

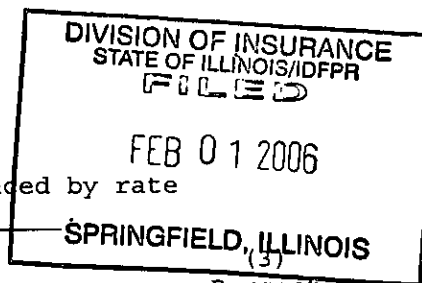
*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Safety National Casualty Corporation
Name of Company

Marilyn Tinnell, CPCU -- Compliance Manager
Official -- Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 02/01/06

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>4,710,800</u>	<u>+5.7</u> <u>0.0%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: no

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Rates have been updated to reflect the new
Advisory Rates with no deviation.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

SECURA Insurance, A Mutual Company
Name of Company

Robert Bauman - official
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	41,285,872	4.70%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost multiplier from 1.993 to 1.920.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

St. Paul Fire & Marine Insurance Company

Name of Company

Brief

2nd Vice President

Official - Title

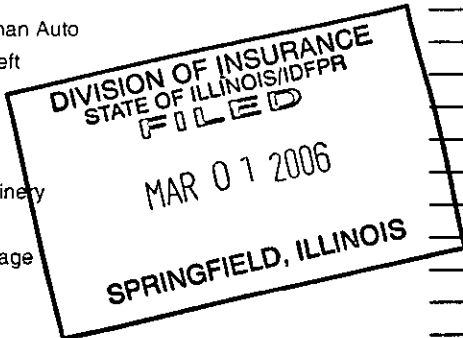
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	3,395,959	12.90%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

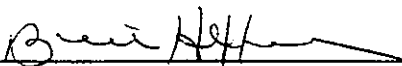
Workers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Increase the loss cost multiplier from 1.395 to 1.440.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

St. Paul Guardian Insurance Company

Name of Company



2nd Vice President

Official - Title

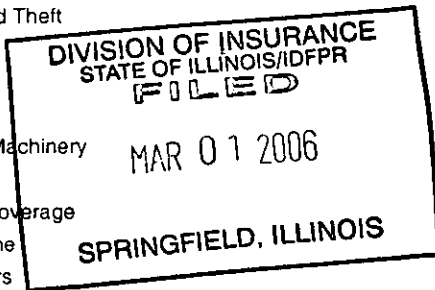
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	15,431,239	3.60%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost

multiplier from 1.694 to 1.600.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

St. Paul Mercury Insurance Company

Name of Company

Bruce Helt

2nd Vice President

Official - Title

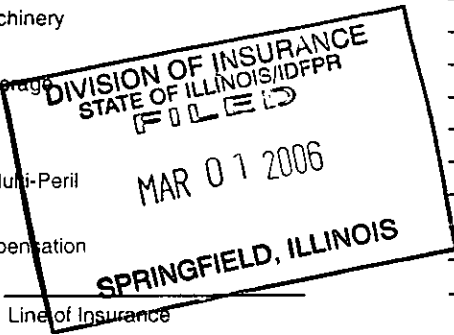
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	18,125	5.30%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost

multiplier from 1.993 to 1.920.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

St. Paul Protective Insurance Company

Name of Company

2nd Vice President

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective January 1, 2006 New & Renewal

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$275,896 (11 mo. Of 2005 Annualized)	plus 6.3%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

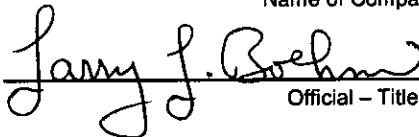
National Council On Compensation Insurance, Inc. Rate and Rating Value Change.

*Adjusted to reflect all prior rate changes.

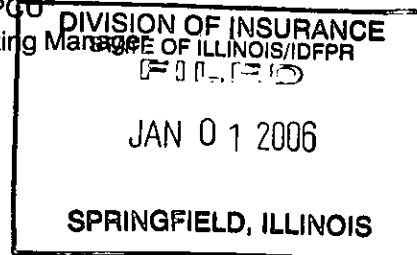
**Change in Company's premium level which will result from application of new rates.

Standard Mutual Insurance Company

Name of Company



Official - Title

 Larry L. Boehm, CPCU
 Assistant Underwriting Manager


ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3-1-06

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Work Comp</u> Line of Insurance	2,237,787	+6.6%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Adoption of NCCI's 1-1-06 advisory rates with deviations for five class codes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI's rates with deviations for five class codes.

*Adjusted to reflect all prior rate changes.

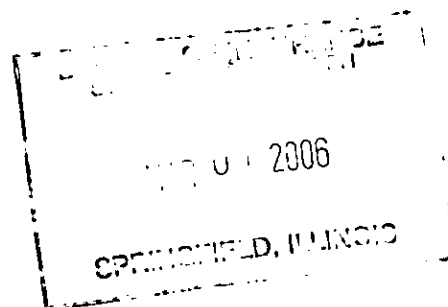
**Change in Company's premium level which will result from application of new rates.

Star Insurance Company

Name of Company

Vice President, Compliance

Official - Title



SUMMARY SHEET

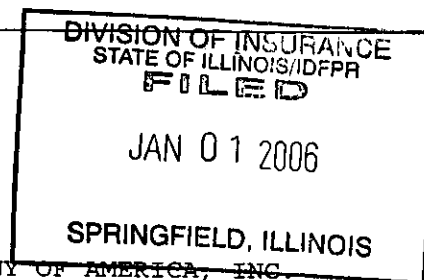
Change in Company's premium or rate level produced by rate
revision effective 01/01/2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation & Employers Liability	2,524,857	+8.1%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adoption of NCCI Advisory Rates effective
01/01/2006.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.



TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
Name of Company

Gloria A. Goldbranson, FLMI - Compliance Support
Leader
Official - Title

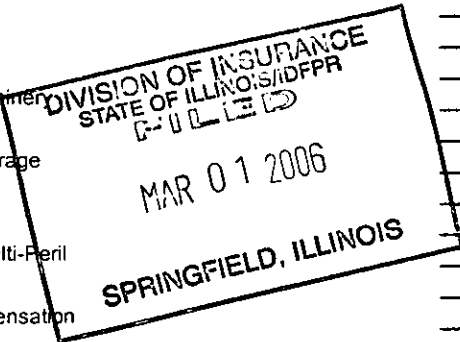
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	7,939,353	4.90%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost multiplier from 2.106 to 2.080.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Casualty & Surety Company

Name of Company

Barry Jefferson 2nd Vice President
Official - Title

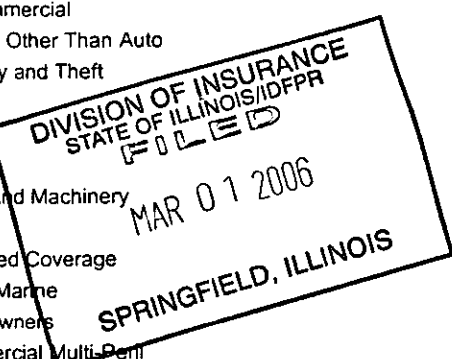
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Pert		
14. Crop Hail		
15. Workers Compensation	82,151,246	10.80%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Increase the loss cost multiplier from 1.896 to 1.920.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Indemnity Company

Name of Company

Barry H. H.

2nd Vice President

Official - Title

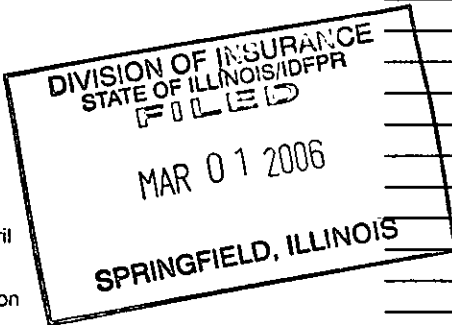
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	5,372,343	1.10%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost multiplier from 1.685 to 1.600.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Indemnity Company of America

Name of Company

Brian J. Hoffman

2nd Vice President

Official - Title

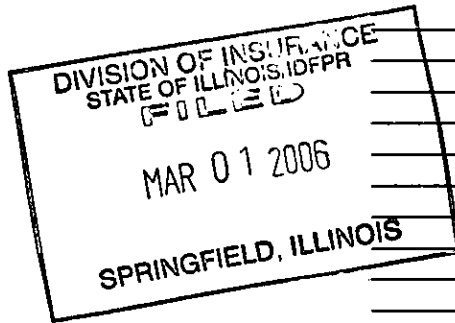
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	3,157,987	6.20%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost multiplier from 1.601 to 1.600.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Indemnity Company of Connecticut

Name of Company

Barry Hoffer

2nd Vice President

Official - Title

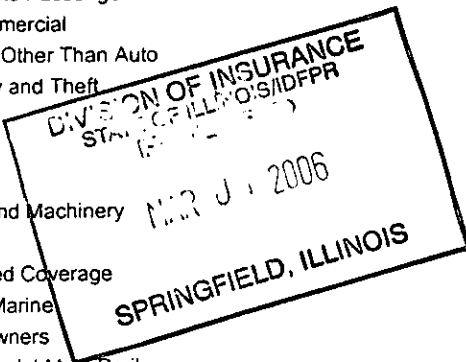
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

March 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	38,131,582	-4.20%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost multiplier from 1.601 to 1.440.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Property Casualty Company of America

Name of Company

Benjamin J. Hill

2nd Vice President

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	1,269	-4.3%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Loss Costs

*Adjusted to reflect all prior rate changes.

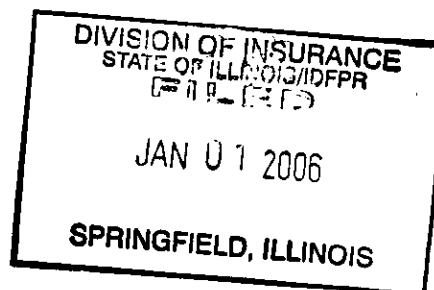
**Change in Company's premium level which will result from application of new rates.

Trinity Universal Ins. Co.

Name of Company

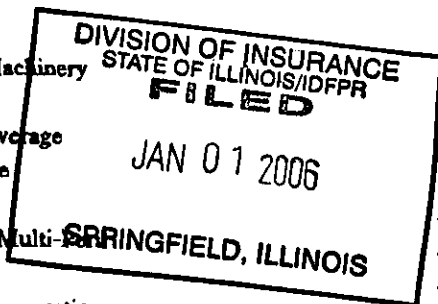
Jon Zetlau

Official - Title



Illinois**ILLINOIS SUMMARY SHEET****FORM RF-3**Change in Company's premium or rate level produced by rate revision effective 1-1-2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Purpose		
14. Crop Hail		
15. Workers Compensation	29,853,862	6.3% +
16. Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adopting the rates contained in NCCI circular IL-2005-09 by reference and intends to apply without deviation the rates, minimum premiums, and supplementary rate information found within effective January 1, 2006.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

United Wisconsin Insurance Co.

Name of Company

Official - Title

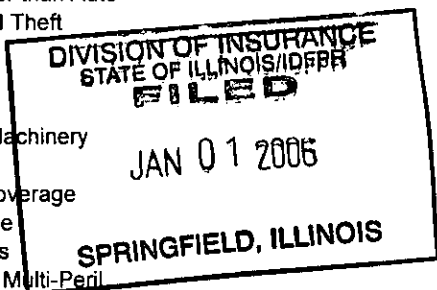
David R. Korpel - Sr. Data Analyst

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 1/1/06

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	<u>3,331,874</u>	<u>6.91</u>
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

N/A

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Adoption of NCCI rates, Effective 1/1/06

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Vanliner Insurance Company_____
Name of Company**Tina Kampwerth - Senior Compliance Coord.**_____
Official — Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	113,857,529	+6.3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

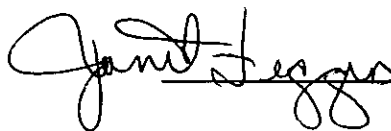
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

*Adjusted to reflect all prior rate changes.

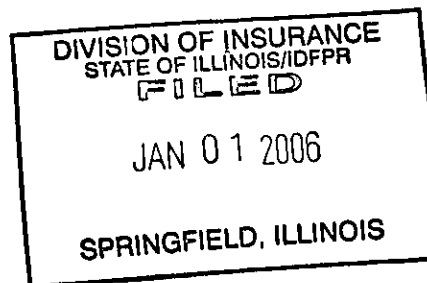
**Change in Company's premium level which will result from application of new rates.

Virginia Surety Company, Inc.

Name of Company

V.P. - Compliance

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$6,640,988	+6.3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI 1-1-2006 advisory rates with no company deviation.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

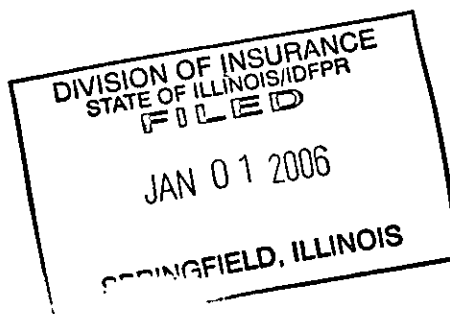
Wausau Business Insurance Company

Name of Company

Debra Rothmeyer

State Filings Analyst

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$2,709,379	+6.3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI 1-1-2006 advisory rates with a -10% company deviation.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

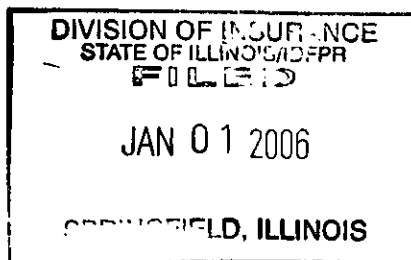
Wausau General Insurance Company

Name of Company

Debra Rothmeyer

State Filings Analyst

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$21,551,856	+6.3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI 1-1-2006 advisory rates with a +30% company deviation.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

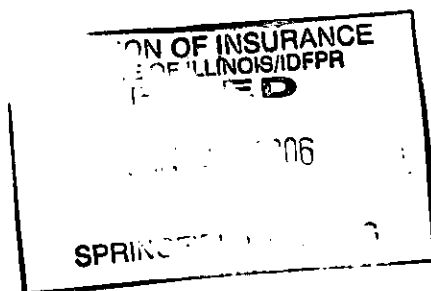
Wausau Underwriters Insurance Company

Name of Company

Debra Rothmeyer

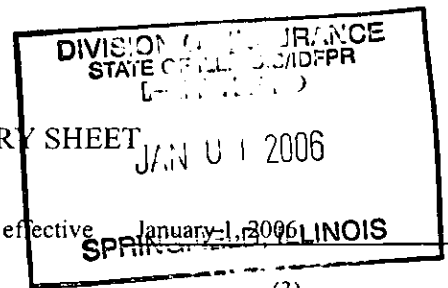
State Filings Analyst

Official – Title



Form (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective January 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$16,638,976	+6.0%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Overall premium level change +6.0%

Westfield Insurance Company #228-24112

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Westfield Insurance Co.
Name of Company

Cassie VanValkenburgh
Production Specialist
Product Management
Official - Title

Form (RF-3)

<div>DIVISION OF FINANCE STATE OF ILL. JWD/DFPR JAN 01 2006 SUMMARY SHEET SPRINGFIELD, ILLINOIS</div>

Change in Company's premium or rate level produced by rate revision effective January 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>\$1,512,382</u>	<u>+7.4%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Overall premium level change +7.4% and a previously filed deviation of 1.25 from the NCCI rates

Westfield National Insurance Company #228-24120

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

Westfield National Insurance Co.
Name of Company

Cassie VanValkenburgh
Production Specialist
Product Management
Official - Title

ILLINOIS

**ILLINOIS SUMMARY SHEET
FORM RF-3**

Change in company's premium or rate level produced by rate revision effective 2/1/2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers' Compensation	11,805,777	1.3%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) We are filing
for rates to be effective 2/1/06

* Adjusted to reflect all prior rate changes.

** Change in company's premium level which will result from application of new rates.

Zenith Insurance Company

Name of Company

Jason Clarke, Vice President

Official - Title